

**White House Conference on Aging
Post-Event Summary Report**

National Adult Protective Services Association (NAPSA)

Name of Event: NAPSA National Conference

Date of Event: September 29- October 1, 2004

Location of Event: Portland, Maine

Number of Persons Attending: 176

Sponsoring Organizations: U.S. Administration on Aging, National Center on Elder Abuse, National Adult Protective Services Association, Maine Department of Health and Human Services, Massachusetts Disabled Person Protection Commission, Los Angeles County Community & Senior Services, Kansas Department of Social & Rehabilitation Services, Nebraska Health and Human Service System, New York State Office of Children & Family Services, Oregon Department of Human Services, Philadelphia Corporation for Aging; Wisconsin Department of Health & Family Services, Banknorth Group, Catalysts for Change, Consulting.

Contact Name: Joanne M. Otto

Telephone Number: 720-565-0906

Email: Joanne.otto@naapsa.org

Priority Issue #1: Abuse, exploitation and neglect impacts elderly and disabled Americans of every race, socioeconomic level and living situation. The rapid growth of the aging population means that the next decade will witness an explosion of cases of elder abuse, neglect and financial exploitation. Adult Protective Services is the only public service authorized and empowered by state laws to respond to and investigate allegations of abuse, neglect and exploitation of the elderly and vulnerable adults. APS programs nationwide are under funded, under staffed, and under trained.

Congressional hearings have been held for twenty five years, in 1977; 1978; 1979; 1980; 1981; 1985; 1987; 1990; 1991; 2001 – 2003, to bring attention to the problem of elder abuse and to demand action, yet the total federal expenditures directed to elder abuse in 2004 *by the federal government* amounts to less than 1% of federal funds spent on family violence;¹

¹ \$4.7 million for prevention and public awareness, Administration on Aging website.

The National Institute on Aging (NIA) found that “Elder abuse is probably where child abuse was 30 or 40 years ago, which is nowhere,”² a statement based on the NIA finding fewer than 50 peer-reviewed studies in the scientific literature; no comprehensive, population-based study on the incidence and prevalence of elder abuse; and no common definitions of elders, abuse, neglect or exploitation.³

The *Department of Justice Roundtable on Medical Forensic Issues Concerning Abuse and Neglect* found that the general consensus is that elder abuse and neglect is a national issue that has been overlooked, underreported, and understudied, and that there is paucity of research; no standardized, validated screening tool; and too few forensic experts.⁴

According to a 2000 national survey of Adult Protective Services (APS) programs in all the states, the programs received almost 500,000 reports of elder and vulnerable abuse, exploitation and/or neglect.⁵ Preliminary data from 2004, the most recent national survey of state APS programs, show a 61% increase in the number of elder and vulnerable abuse reports since 2000. This data also show that the number of substantiated reports (12%) appears to be closely linked to the limited 11.6% increase in funding for APS programs since 2000.⁶ The increased funding was provided primarily through state general funds which have been severely impacted by the recent economic downturn. The *National Elder Abuse Incidence Study* found that elder abuse is seriously underreported, with at most one in five cases reported to adult protective services.⁷

In California, a recent report has been developed based on demographic information from all 58 county APS programs. The report, “*A Day in the Life of APS in California*” found that 37% of the victims were 80 years or older, 63% were women, 74% had major medical issues, 53% had some degree of cognitive impairment, 26% were self neglecting, 31% were neglected by caregivers, 24% were financially exploited, and 42% of the perpetrators were family members. Cases were complex and required intervention from multiple agencies, reinforcing the importance of multidisciplinary teams in the treatment of adult abuse.⁸ These individuals are not experiencing healthy aging.

Elders who are mistreated are three times more likely to die within ten years than those who are not mistreated.⁹ Compared with the general U.S. population, victims of violence

² Sidney Stahl, Ph.D., JAMA, Nov. 13, 2002, Vol. 288 No. 18.

³ Ibid.

⁴ Reported in *IL Elderly Service Officer Association Newsletter*, 2000.

⁵ Teaster, P.B (2002). *A Response to the Abuse of Vulnerable Adults: The 2000 Survey of State Adult Protective Services*. Washington, DC: National Center on Elder Abuse.

⁶ Teaster, P.B unpublished 2004 *National Study on Elder Abuse* .

⁷ Stahl, Sidney, Ph.D., JAMA Nov. 13 2002, Vol.288 No.18.

⁸ *A Day in the Life of Adult Protective Services*, a report presented by County Welfare Directors Association of California, Protective Services Operations Committee, August 2004.

⁹ Lachs, M. S., MD, MPH; Williams, C. S., MA; O'Brien, S., MS; Pillemer, K. A., PhD., Charlson, M. E. MD, *The Mortality of Elder Mistreatment*; JAMA; Aug. 5, 1998; Vol. 280, No. 5.

have twice as many physician visits, 2.5 times the outpatient costs, and a diminished sense of well-being.¹⁰

According to the 2000 U.S. Census, 15% of the population has some form of disability. Many of these adults are in the baby boomer generation born between 1946 and 1964. Some of them, due to physical and/or mental impairments, are also victims of abuse, exploitation and neglect. In most states, these victims are served by APS, since vulnerability to abuse is not a consequence of age, but is caused by disabilities and impairments that may render adult victims of all ages incapable of protecting themselves.

Since “elder abuse” is the term most commonly used, younger disabled abuse victims are often omitted from legislative initiatives and program planning. Although 30% of the abuse victims served nation-wide by APS programs are under the age of 60, there is little recognition of this fact. For these younger people with disabilities, advances in medical technology have extended their longevity, and enabled some of them to live in the community. However, due to cognitive and physical limitations resulting from developmental disabilities, mental illness, closed head injuries, and/or early dementia, some are vulnerable to abuse and are unable to protect themselves. As they age, these individuals will become increasingly vulnerable to abuse, exploitation and neglect.

Barriers:

There is no federal funding specifically dedicated to APS. To date, there is no comprehensive federal law, victim services funding stream, research program, or even one full time federal employee dedicated to addressing elder abuse or abuse of younger adults with disabilities.

The Elder Justice Act (S333), introduced by Senators Breaux and Craig, had not been passed at the time of this conference report. As a result, no appropriation has been made to the states to support their APS programs.

The Social Services Block Grant (SSBG) has lost over \$1 billion in the past few years. At its present level of \$1.7 billion, it remains the most significant source of discretionary funding for human services in the nation, providing for services to abused adults, vulnerable children, people with disabilities, the homeless, seniors, and others. Although only 6% of SSBG funding goes to APS programs in 34 states, those funds are essential. SSBG also supports additional services that victims of abuse need, including transportation, emergency shelters, meals, case management, in-home support and others.

While the **Older Americans Act** provides limited funding (approximately \$5 million) for elder abuse prevention activities, it is an important part of Title VII. Its funding has been

¹⁰ Berrios, D. and Grady, D. *Domestic violence--risk factors and outcomes*. West J. Med. 1991;155:133-5.

fixed for a number of years now and is slated for reduction in 2005. Reduced funding will severely limit the potential education and outreach that could be accomplished through this program.

State General Funds have been negatively impacted by the slowing down of the economy. As a result, at least one state legislature recently considered allowing counties to decide whether or not to provide any APS services on a voluntary basis. Other states have experienced restructuring efforts as well as downsizing of APS staff.

Proposed solutions:

- 1. The National Adult Protective Services Association (NAPSA) recommends to the White House Conference on Aging Policy Committee that the 2005 White House Conference on Aging designate the problem of elder and vulnerable adult abuse, and the state Adult Protective Services programs that are the statutorily designated responders to these abuse victims, as a major issue to be considered at the Conference.**
- 2. Furthermore, NAPSA recommends that the WHCoA use the Elder Abuse Policy Summit recommendations developed by the National Center on Elder Abuse and the proposed Elder Justice Act (S.333 and H.R.2490) as starting points for discussion of elder abuse and Adult Protective Services, and that representatives from NAPSA and adult protective services programs be involved in these discussions throughout the WHCoA process.**

Adopted by the membership at the NAPSA annual business meeting; September 30, 2004; Portland, ME

